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Reinhart Boerner Van Deuren s.c.

By: Leonard J. Kalinowski  
Leonard J. Kalinowski

Date: March 16, 2004

## PATENT APPLICATION

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: John M. Struck, et al )  
Application Serial No. 10/700,149 )FOR: APPARATUS AND METHOD FOR  
Filed: November 3, 2003 )TESTING SNOW REMOVAL  
Attorney Docket No. )EQUIPMENT  
3645-CON-CON-CON-CON )  
)

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

March 16, 2004

### Preliminary Amendment

Dear Sir:

Entry of the following amendments prior to the first Office Action is  
respectfully requested.

03/18/2004 HVUONG1 00000150 10700149

01 FC:2201

43.00 0P

After this Amendment, 20 claims remain pending, 4 of which are independent. In the original application 20 claims were paid for, 3 of which were independent. Accordingly, there is one additional independent claim.

The total thus due for this Amendment is \$43.00 for the addition of one independent claim, and a check in the amount of \$43.00 is enclosed herewith. The U.S. Patent and Trademark Office is also authorized to charge any additional fees required to secure the entry of this Amendment, or to credit any overpayment, to Deposit Account No. 18-0882.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this Amendment.

Remarks begin on page 9 of this Amendment.



03-17-04

2857/H  
PTO/SB/21 (08-00)Please type a plus sign (+) inside this box → 

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
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## TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

		Application Number	10/770,149
		Filing Date	11/03/2003
		First Named Inventor	John M. Struck
		Group Art Unit	2857
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	3645-CON-CON-CON-CON

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<b>Postcard</b>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<b>Remarks</b>	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Applicant believes that all appropriate fees are hereby paid, but authorization is hereby given to charge Deposit Account No. <u>18-0882</u> for any fee deficiency or credit any overpayment.	

*Leonard J. Kalinowski*  
Leonard J. Kalinowski

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Leonard J. Kalinowski	
Signature	<i>Leonard J. Kalinowski</i>	
Date	March 16, 2004	

## CERTIFICATE OF MAILING

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Signature	<i>Leonard J. Kalinowski</i>	Date	March 16, 2004

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MW/1072721



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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 43)

Complete if Known	
Application Number	10/700,149
Filing Date	11/03/2003
First Named Inventor	John M. Struck
Examiner Name	
Art Unit	2857
Attorney Docket No.	3645-CON-CON-CON-CON

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account:				<b>3. ADDITIONAL FEES</b>			
Deposit Account Number	18-0882			Large Entity	Small Entity		
Deposit Account Name							
The Director is authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity	Small Entity						
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid	
1001	770	2001	385	Utility filing fee			
1002	340	2002	170	Design filing fee			
1003	530	2003	265	Plant filing fee			
1004	770	2004	385	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
SUBTOTAL (1)				(\$ 0)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							
Total Claims	20	-20 **	= 0	Extra Claims	Fee from below	Fee Paid	
Independent Claims	4	-3 **	= 1		X 43	= 43	
Multiple Dependent				X		= 0	
Large Entity	Small Entity						
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid	
1202	18	2202	9	Claims in excess of 20			
1201	86	2201	43	Independent claims in excess of 3			
1203	290	2203	145	Multiple dependent claim, if not paid			
1204	86	2204	43	** Reissue independent claims over original patent			
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)				(\$ 43)			
*Reduced by Basic Filing Fee Paid							
SUBTOTAL (3) (\$ 0)							

\*\*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY						Complete (if applicable)
Name (Print/Type)	Leonard J. Kalinowski		Registration No. (Attorney/Agent)	24,207	Telephone	414-298-8359
Signature	<i>Leonard J. Kalinowski</i>			Date	March 16, 2004	

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